

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18128

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** WACKENHUT AIRLINE SERVICES, INC.

**Current Principal Place of Business:**

4200 WACKENHUT DRIVE  
#100  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

4200 WACKENHUT DRIVE  
#100  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 65-0146309      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: DREW, LEVINE  
Address: 4200 WACKENHUT DR. #100  
City-St-Zip: PALM BEACH GARDENS, FL 334104242 US

Title: SD  
Name: HOGSTEN, MICHAEL  
Address: 4200 WACKENHUT DR. #100  
City-St-Zip: PALM BEACH GARDENS, FL 334104242 US

Title: VD  
Name: GREEN, IAN A  
Address: 4200 WACKENHUT DR. #100  
City-St-Zip: PALM BEACH GARDENS, FL 334104242 US

Title: TD  
Name: BURNS, ROBERT  
Address: 4200 WACKENHUT DR. #100  
City-St-Zip: PALM BEACH GARDENS, FL 334104242

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IAN A GREEN

VD

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date